

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

1. Entity ID No. 13164		2. Exact name of the Corporation Unit Tool Co.				
3. Principal office address 101 Venturi Avenue			City Warwick	State RI	Zip 02888	
4. Business Phone No. 401-781-2647			5. State of Incorporation Rhode Island			
. Brief description of the c Manufacturing - Je		s conducted in Rhode Island	d ,			
LIST ALL OFFICERS	NAMES AND ADD	RESSES) ("X" BOX FOR A	TACHMENT)	The state of the s	1	
President Name Roger Ferragamo			Vice-President Name Joseph Ferragamo, Jr.			
Street Address 108 White Birch Circle			Street Address 450 Snake Hill Road			
ity Hope	State RI	Zip 02831	City North Scituate	State Ri	Zip 02857	
Secretary Name Joseph Ferragamo, Jr.			Treasurer Name Roger Ferragamo			
Street Address 450 Snake Hill Road			Street Address 108 White Birch Circle			
ity North Scituate	State RI	Zip 02857	City Hope	State RI	Zip 02831	
	(NAMES AND ADI	RESSES) ("X" BOX FOR				
irector Name Roger Ferragamo			Director Name Joseph Ferraga	ımo, Jr.		
treet Address 108 White Birch Circle			Street Address 450 Snake Hill Road			
ity Hope	State RI	Zip 02831	City North Scituate	State RI	Zip 02857	
rector Name	· · · · · · · ·		Director Name			
treet Address			Street Address			
ity	State	Zip	City	State	Zip	
SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
his information is currently of record in the Office of the Secretary f State. Changes require an additional filing, ee Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			150	Common	None	
600	comm no par					
his report must be execut	ed on behalf of the this report mu	corporation by an authorize st be executed on behalf of	d representative. If the c the corporation by the re	corporation is in the hands aceiver or trustee.	of a receiver or trustee,	
			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement			
Check No	A service of the serv	FILED	and that all statements contained herein are true and correct.			
Sylvania Control Contr		JUN 0 3 2014	Signature of Authori	zed Representative	Date	
FOR SECRETARY OF ST	ATE USE ONLY	201111	Roger Ferraga	mo (/		
rm No. 620	BY	\sim AUIU $^{\circ}$	Print or Type Name	of Authorized Representa	tive	

Form No. 630 Revised: 01/2012